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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10591110 | <b>Applicant(s)/Patent Under Reexamination</b><br>SLABY, TERRANCE C. |
|   | <b>Examiner</b><br>Alfred Basichas         | <b>Art Unit</b><br>3743  |

| ORIGINAL                  |  |          |      |     |  | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|------|-----|--|------------------------------|---|---|---|---------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |      |     |  | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |  |  |  |  |
| 431                       |  | 281      |      |     |  | F                            | 2 | 3 | Q | 9 / 08 (2006.01.01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 431                       | 285                                      |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 128                       | 104A                                     | 111      | 116R | 99D |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
| 432                       | 17                                       |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |
|                           |  |          |      |     |  |                              |   |   |   |                     |             |  |  |  |  |  |  |  |

| <input checked="" type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|--|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final  | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1  | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2  | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3  | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4  | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5  | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6  | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7  | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 8  | 8        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 9  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 10   | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11   | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 13   | 17       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 14   | 18       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 15   | 19       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 16   | 20       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| NONE  |                             | <b>Total Claims Allowed:</b><br>16 |                           |
| (Assistant Examiner)<br>/Alfred Basichas/<br>Primary Examiner.Art Unit 3743<br>(Primary Examiner) | (Date)<br>7/19/10<br>(Date) | O.G. Print Claim(s)<br>1           | O.G. Print Figure<br>9,10 |